

# INTRODUCTORY LECTURE

AT THE

OPENING OF THE WINTER SESSION,

1878-9,

AT THE

LONDON SCHOOL OF HOMŒOPATHY.

BY

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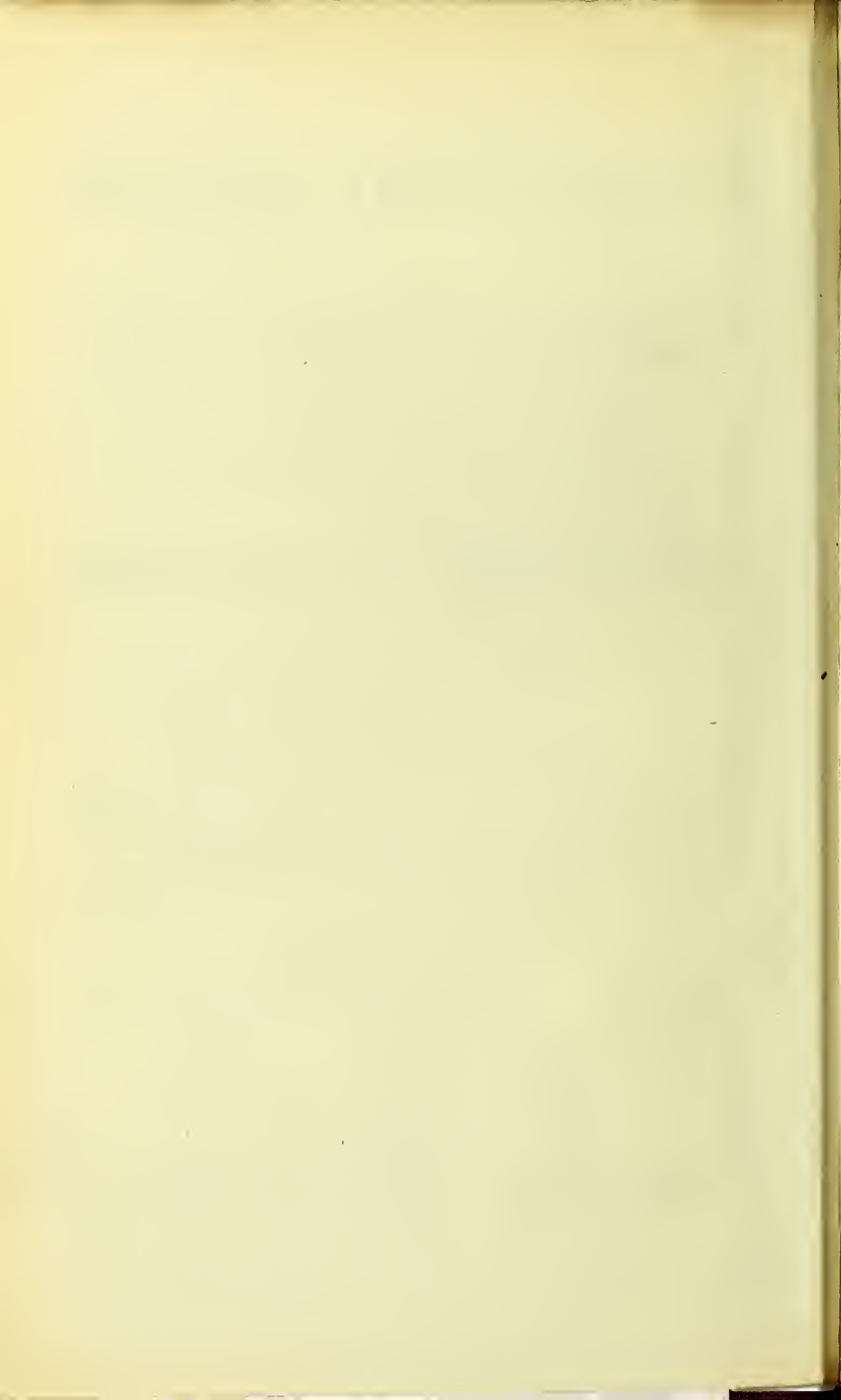
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GENTLEMEN,

To-day we commence the Second Winter Session of the London School of Homœopathy. Our School is in its infancy, but like a healthy infant it only requires ordinary care and attention, with fair play, to develope into strong and robust existence. The number of our students has been comparatively small, but as large as we expected in the first year. There are many reasons why, until we are a complete Medical School, the number of our students should be small. Those who are engaged in medical study at other schools, find that they have enough to do with their regular and necessary work, and we thus can have only those who are hard workers, are willing to undertake an extra study, and are determined to know something of homœopathy. Those again who are already in practice, but who wish, or are willing to look into the merits of the new treatment, have their time so occupied, that they find great difficulty in attending any course of lectures. These are reasons why our numbers should be comparatively small, which must be palpable to everyone. But besides these there are mental obstacles to be overcome, before a student or practitioner joins our classes. We are so much misunderstood and misrepresented, that those who do not already know something of the principles of homœopathy, but believe what they are told by others equally ignorant, not unnaturally shrink from countenancing or enquiring into a system of treatment which they have heard so much abused. Putting myself in the place of such an one, I cannot but say that I have sympathy with him, as this was precisely my own feeling before I was enlightened as to the real nature and aims of homœopathy.

I think, therefore, that I cannot devote this lecture to a better subject than the endeavour to clear away some of those cobwebs which obscure the vision of anyone hitherto unacquainted with the principles and modes of practice of homœopathy. I shall not, however, at present, take up our short

hour with *all* the mistakes regarding us which are currently propagated—as for example, that we are not honest—this it is beneath me to discuss for a moment; or that we do not stick to our principles. In regard to this latter charge, I may, *en passant*, say one word, as I may not have another opportunity. We are told that if we depart one *iota* from strict homœopathic treatment, we are giving up our principles, and are not what we say we are. To this I reply that, if we are surrounded by such trammels and barriers, they are not of our making, but of our opponents of the old school, and we decline absolutely to recognise them. We are physicians in the highest sense of the term, whose duty and aim it is to do the very best for our patients, and it is for this very reason that we treat them homœopathically. We find that the law of similars is of such extensive application, that it is rarely, quite exceptionally in fact, that we require to use any other treatment. But in these exceptional cases, such for example as removing a tape-worm by *Filix mas*, or again in any case where we fail to obtain the result expected from our medicines, from whatever reasons, we hold ourselves perfectly entitled, and, in fact, bound to use any other treatment which may be likely to be of service to our patient. We thus claim to be the liberal school of medicine, and deny the position to those who give their patients the benefit of everything, *except* homœopathy. Our practice, in spite of the exceptions, is so radically different from that of any average practitioner of the old school, that it must have, in common *parlance*, a distinctive name. In other words we are homœopaths, and are rather proud of being so than otherwise, as indicating our adherence to, and guardianship of what we believe to be the greatest truth in medicine which has ever been discovered. I repeat again, that these barriers which you would be led to believe hem us in to a narrow mode of practice, are not of our making, and we ignore them. Such have been our principles all along, and we mean to maintain them and stand out for perfect freedom of practice. This by the way.

But there is one other charge with which we are assailed, which has perhaps more effect on the mind of an earnest and enquiring student than any other:—namely, that we are unscientific in the mode of selecting our medicines by the guidance of symptoms; and this is the point on which I wish specially to make some observations to-day.

During his regular course of study at the medical schools, the student is taught the value and importance of a knowledge of anatomy, of physiology, and of pathology, and the necessity of being thoroughly conversant with these branches of study, if he

is to understand disease, and so cope with it in practice. He sees what an important place pathology and physiology play in the selection of the treatment which he observes at the hospital, under the guiding care of the physicians; and when he is told that the homœopaths reckon all this valuable information as naught, and simply prescribe for symptoms, as any old woman, we are told, can do, with the aid of a book, he is thoroughly staggered; and though he may have a lurking idea that there is some truth at least in the law of similars, he is inclined to agree with his teachers, and pooh-pooh the whole thing as, to say the least of it, unscientific, and unworthy of the study and attention of a highly educated medical man.

Now, Gentlemen, do we prescribe for symptoms, or rather I should say, do we take the symptoms of each case as our guide to the choice of the remedy? We do. I freely admit the soft impeachment, but I shall proceed to show you, as will I think be easily done, that not only is this the surest guide to the treatment of a case, but it is by far the most scientific course to adopt. This, however, is a very different thing from ignoring pathology and physiology. We certainly do nothing of the kind; we value these branches of study as highly as anyone of the old school can do; we consider that no one can be a scientific or trustworthy physician who is not perfectly conversant with them; we make our examination of the patient as carefully as possible, not only from the subjective symptoms, but from the physical signs present in each case, and we thereby form our diagnosis in exactly the same manner and with the same care as any of our brethren of the old school do; but when we come to treatment, we diverge, and not till then. I have said that we make as careful an examination as any of our old-school brethren do;—I should rather say, we make it more careful and thorough, by elucidating and observing subjective and objective signs or symptoms, which are passed over as of little importance by an old-school practitioner. This I shall show you more fully presently.

In support then of my claims that enlightened symptom-treating is the most scientific and accurate mode of therapeutics, let me ask how disease manifests itself to our observation. The more you think of it, the more clear it is that it is by the symptoms only. Under the term *symptoms*, however, let me not be misunderstood as referring to subjective ones alone. These are only part, a very important part, but still only a part of the symptoms in any case. We have besides the objective symptoms, in which are included the history of the case and what are known as the “physical signs,” these being only objective symptoms



produced by the diseased condition, and elicited by careful examination. We form our diagnosis of the nature of the case from these symptoms alone; but the formation of this diagnosis is the result of an elaborate, though almost instantaneous and unconscious train of reasoning, the fruit of long study and observation; still the elements on which this reasoning is based, you will observe, are the symptoms.

Take, for example, an ordinary case of pneumonia. A patient presents himself, stating that he caught cold at a given date, and had a shiver. You find his pulse quick, his temperature raised, his skin hot, there is headache, thirst, coated tongue and constipation. He has no appetite, complains of a bad cough, has pain in one side, can only lie on one side with ease, his breathing is quickened, and his expectoration is scanty, tenacious and rust-coloured. You find one side of the chest, or part of it, dull on percussion, and presenting the other well known physical signs of pneumonia. You form your diagnosis at once, and with no trouble, but what enables you to do so? why, the symptoms, which, from your previous training, group themselves into a complete whole. The educated physician has thus the infinite advantage over the amateur with a book, in not only knowing what is the meaning of what he sees and hears, but also in being able to elicit symptoms which no amateur can. Take again, a case of simple dyspepsia; this certainly manifests itself to us solely by its symptoms, and I need not enter into detail to show it.

But secondly, in what does one case of a given disease differ from another to our certain knowledge? only in the different symptoms. No two cases of the same disease are precisely alike; they differ, as far as our observation and *certain* knowledge goes, only in symptoms. Most probably there is a difference in the minute pathology in each of the various cases of the same disorder; but in many instances we can but guess as to what this difference is, and our guess may be right or wrong. The important point to be observed, is, that the only certain and unmistakeable difference is in the symptoms, and unless this minute difference in symptoms is noted carefully, we inevitably fall into the routine practice of prescribing for a disease, and not for the patient. This observation of the minute differences in each case of the same disease, is one of the most marked characteristics of the homœopathic treatment as compared with the old. To be sure the teachers in the ordinary schools inculcate on their students the necessity of not prescribing for a disease, but for the individual case; but in actual practice I ask anyone here present, whether this is carried out to the full

extent, or to the extent that is theoretically aimed at? It cannot be, until a more accurate pathogenesis of drugs is recognised, and until the corresponding minute differences between different but similarly-acting medicines is noted and dwelt upon. But more of this presently. Take for example, as before, dyspepsia. The variation in symptoms in different cases is immense. One patient has pain immediately after food, and another not for a couple of hours; there may be actual pain, or only a feeling of heavy weight, as if a stone lay there, or again only a feeling of fulness, as if too much had been eaten. There may be nausea and sickness, or not; flatulence to a great extent, or only slight, or none at all; there may be acid eructations or not, heartburn or the absence of it, putrid eructations or their absence. There may be constipation, or regularity of the bowels, or tendency to diarrhoea. The tongue may be clean, or red, or coated with a rough white fur, or a brown one, or be covered all over with a thick slimy white coat, or be clean at the point, and whitish-yellow at the back. There may be headache or not; and again the headache may be frontal, or occipital, or one-sided, dull and heavy, or throbbing, or shooting; and so on. The variety is, as I have said, immense; and it is clear that these variations are not accidental, but must have an important bearing on the case in its treatment. But still they are only symptoms, sufficient however, to make one case totally different from another. We may say that one is a case of gastric catarrh, another of irritative dyspepsia, a third of acid, a fourth of alkaline dyspepsia, and so on; but these names only indicate a collection of symptoms, the cause of which is theoretical.

But thirdly, it is by no means infrequent to find cases which present well-marked symptoms, but where the diagnosis of the actual pathological condition is by no means easy, sometimes impossible, at least with absolute certainty, and in which we may find several physicians taking different views, and expressing diverse opinions. In such a case, the only *certain* knowledge we have of the disease is the array of symptoms, and, as I shall afterwards point out, since we know that each drug acts on particular organs or tissues, pathogenetically and therapeutically, we have certainty on our side when we select a remedy which produces a precisely similar array of symptoms; whereas if we prescribe according to pathological notions, one physician may hit the mark from having made a correct diagnosis, while the others who are mistaken, must fail to do any good. A patient will come complaining of headaches, *tinnitus aurium*, severe vertigo, and attacks of vomiting; one

practitioner will conclude that there is congestion of the brain, and a tendency to apoplexy, and prescribe purgatives and meagre diet, without any benefit; another will suppose it arises from gastric disturbances, although there may be an absence of dyspeptic symptoms, and fail accordingly; a third will discover other symptoms, namely, perosseous deafness, a special form of vertigo, and the coincidence of the vomiting with the vertigo. He will correctly diagnose a case of Ménière's disease, and prescribe theoretically, *Bromide of potassium*, *Strychnine*, &c., with perhaps some improvement, while the homœopath finds a drug, such as *Salicylate of soda*, which produces the *whole array* of symptoms,—how, he does not know—and immediate benefit is the result. Here then we have an immense advantage in prescribing according to the symptoms; our diagnosis *may* be wrong, but our medicine will, we know, act on the diseased part, whatever that is, in virtue of its power to produce a similar array of symptoms to that in the given case of disease.

And here, let me suggest to you the evident reason of the waves of change in treatment, which have passed over the old school, while in our school the medicines used by Hahnemann from the first, are still those employed by us of the present day, and for the same object. Prescription, according to pathological theory, has been the bane of medicine up till the present day. As long as certain pathological series of disease are in the ascendant, the treatment is made to harmonize with them, while, when fresh discovery points out that these views were mistaken, the treatment is at once altered. The change of type of disease theory is now abandoned, and there is no other explanation of the shifting waves of treatment, which form the melancholy history of medicine, than that I have suggested; and as long as this mode of prescription holds sway, so long will there be uncertainty and change in the old-school practice. We, on the other hand, holding ourselves aloof from pathological theories, do not change our practice, simply because disease does not change. We are glad to have all the assistance of pathological facts, that is to say, facts which are really so, and do not involve any theory, since such facts help us in elucidating the meaning of different symptoms, and in any case where there is a paucity of guiding symptoms, in selecting the medicine which has been ascertained by experiment to produce a precisely similar pathological condition. We thus gladly avail ourselves of all *certain* knowledge in pathology, holding ourselves aloof from any theories, which may, or may not, turn out correct.

Fourthly, there are many diseases, which are sufficiently



marked in character to be called by a distinct name, but which consist in reality of nothing but symptoms of some deeper disorder. For example, dropsy. This, though spoken of as a disease, is really only a symptom of an already existing disease of the heart, or kidneys, or of anæmia. We ascertain, of course, the cause of it, certain or probable, but the diseased condition, as we see it, is but a collection of symptoms, of which one is so prominent as to give the name to the whole; and when we come to treatment, it is often only the symptoms we can treat with the least hope of doing good. What is the prescription by the old school of diuretics and purgatives in dropsy, but the treatment of a symptom?

Thus, Gentlemen, I have endeavoured to show you, that whatever disease consists of, it manifests itself to us in the living body solely by its symptoms, these differentiating one case of the same disorder from another.

Let us now turn to the reverse side of the picture, viz., drug-action, and I may ask, as I did of disease, in what way does the action of one drug differ, to our observation, from that of another? Simply by its symptoms. We do not find that drugs act helter-skelter on the body, but each one has an individuality of its own, as clearly as different phases of disease have. They each have an elective affinity for certain organs or tissues, producing as a result, an array of symptoms peculiar to each. We learn what organs or tissues each affects, partly from the unmistakeable import of certain symptoms, and partly also, from *post mortem* investigation or experiments on the lower animals (all morbid alterations of structure being included among the symptoms), and we can at once predicate that a certain drug in a pathogenetic dose will go to the tissue or organ for which it has an elective affinity, and there develop a remarkably uniform train of symptoms. This is the reason why, as I before stated, we know that in a case of doubtful diagnosis, we cannot be wrong in giving a medicine which produces precisely similar symptoms to the case in hand, for then we also know that the drug will affect the seat of the disease, whatever that may be.

Moreover, we find that if several medicines which act upon a particular organ or tissue, no two act precisely alike. Take, for example, two stomach medicines. *Arsenic* produces much irritation of the mucous membrane of the stomach, with pain of a burning character immediately after taking food, sickness and vomiting, marked tenderness on pressure on the epigastrium; a clean, red, or raw looking tongue, or a tongue with a thin silvery transparent coat; griping pains in the bowels, and watery diar-

rhœa, with marked general debility and neuralgic headache. You may call this irritative dyspepsia, or subacute gastritis, or what name you please—this combination of symptoms is that produced by *Arsenic*, and closely resembles a common form of gastric disorder.

*Nux vomica* produces a feeling of fulness and weight after food, generally some little time after, acidity, flatulence, and heartburn, nausea or vomiting; a tongue clean, or fairly so in the front half, but yellowish white at the back, bad taste in the mouth, full, heavy, frontal headache, constipation, great languor, sleepiness in the afternoon and wakefulness in the early morning, with general feeling of tiredness and an increase of all the symptoms in the morning. You may call this dyspepsia or gastric catarrh, if you please, but this is the combination of symptoms produced by *Nux vomica*, and they correspond to the symptoms of a case which frequently comes under our notice.

And so I might give you the symptoms of all our dyspeptic medicines, each producing a distinct combination of symptoms. They resemble each other in some points, while they differ in others, thus making the *tout ensemble* of each distinct. In the case of diarrhœa again or severe headache, taking these as illustrations of extremely common forms of disease, one drug produces choleraic diarrhœa of various degrees, another dysenteric diarrhœa, a third mucous diarrhœa chiefly at night, a fourth simple feculent stools, a fifth morning diarrhœa only, each form differing in certain marked features, or in the association of other symptoms peculiar to itself.

These remarks about the *tout ensemble* of the various drugs, one resembling another in certain points, while differing in others, lead me to notice a very important point. We do not aim at treating one special symptom, and give a medicine which will produce a similar one. If we so acted we should certainly fail. Although one symptom may be prominent, we observe carefully the entire array of morbid symptoms belonging to each organ, over and above the one which seems the main seat of the mischief, and correspondingly, we endeavour to find a medicine which will not produce one marked symptom only, but the whole connected array. We thus place side by side the pictures of the actual disease and of the medicinal one, and when we get the two to correspond, we give that medicine. In other words, to use the common phrase in our school, we endeavour to “cover the totality of the symptoms.” It stands to reason, Gentlemen, that when we find certain marked types of any one disease, in each of which there are very uniformly a certain concatenation of symptoms, and when we likewise find

that certain medicines very uniformly produce a closely similar array of symptoms, it stands to reason, I say, that the drug must have a very close relation to the tissues, whatever they may be, which are affected in the corresponding phase of disease; and we give you our word for it, that this relation is not only pathogenetic but curative, and it is the system of treatment based on this principle which we are here to teach. In removing the symptoms then, not one or two only, but the whole connected array, we cure the disease. For it stands to reason, that when there is no organic incurable disease, and the disorder consists, as far as our certain knowledge of it goes, in a collection of morbid symptoms, if we succeed in removing all these, the patient is cured.

Of course, such a mode of practice involves a re-study of the *Materia Medica*. The pathogenetic action of each drug has to be learned in a way it never was before, and the pure action of each medicine—that is, the action of each on the healthy body, and not in disease—has to be ascertained, in order that the correspondence between drug and disease may be a true one. That such a mode of studying drug-action is the only satisfactory one, and the only one likely to place medicine on a scientific basis, is admitted by all the more advanced of our old-school brethren; but what prevents this field being actively worked by them is that, on their own principles, or in fact on any other but the principle of similars, most of the information thus acquired is of no use. Of what use is it to any one who will not look at homœopathy, to know that *Arsenic* will produce gastritis and diarrhœa, that *Bichloride of mercury* will produce dysentery, or that *Cantharides* will produce nephritis and cystitis, or that *Belladonna* will produce an erythematous rash, sore throat, conjunctivitis and severe headache, or that *Glonoine* will develop a throbbing, bursting headache? Simply none at all, except as so many interesting facts, which are of no practical use; whereas to the homœopath all these are clear indications for the choice of each. And it is one of the strongest arguments in favour of our system as against that of the prevailing school, that the very facts which we *all* of both schools maintain should be ascertained—viz. : the pure effects of drugs on the healthy body, are most of them of no use except on the principle of similars. It cannot be for nothing that we should find every medicine producing pathogenetically a tolerably uniform chain of morbid symptoms—symptoms which are found closely to picture the various phases of disease we daily meet with. There must be some meaning in it, and

the interpretation homœopathy places upon such facts is the only one that harmonizes the whole.

Gentlemen, I must not trespass on your kind attention too long. I have endeavoured to show that disease invariably manifests itself to our observation by its symptoms; that it is the symptoms which differentiate one case of the same disease from another; that the pathology of some cases may be obscure and doubtful; and we have nothing certain but the symptoms; and that certain so-called diseases are really nothing but symptoms. I next pointed out to you that drug-action manifests itself to us by its pathogenetic symptoms, which include *post mortem* alterations of structure, and that each drug shows its divergence from those allied to it by the difference in the individual symptoms and in their combination. To notice then these minute differences in disease and drug-action is the only way to individualize perfectly each case which comes under us for treatment, while the correspondence between drug-pathogenesis and disease is sufficiently remarkable to suggest a close therapeutical connection also. Is there, then, anything unscientific in this mode of symptom treatment? I think you will agree with me in thinking it not only the most scientific mode, but the only sure and satisfactory method. We may theorize as much as we please on the pathology of a case, we may diagnose the diseased condition as minutely as possible, and be able to give a full account of the actual morbid condition to our students, but when it comes to treatment we must look to the symptoms, and find a medicine which will cover the whole chain of characteristic symptoms. You will then be sure that you are going to the root of the matter, that your drug acts directly on the seat of the disease, and, still more, that it acts upon it in the most searching and comprehensive manner, and that it will be curative when administered in a small dose. As to what a small or homœopathic dose means, I have not time to say more than it is simply one that is *less* than will produce pathogenetic symptoms, or aggravate the disease. How small it should be is a matter of experience. It need not be infinitesimal, for although what are known as infinitesimals are in many cases far more successful as curative agents than tangible doses, yet all strengths are required from the crude drug up to the high dilutions. All you have to see to is, that the dose is *less* than will develope pathogenetic symptoms, else you only make your patient worse.

While I have been endeavouring to point out to you that the enlightened treatment of symptoms is really the most



scientific and surest mode of therapeusis, and that homœopaths not only do not treat one symptom only, still less an unimportant one, but look at their "totality," allow me to remind you how often in old-school practice unenlightened and slipshod symptom treatment is practised. I think I am not far wrong in stating that nine-tenths of old-school practitioners commence the treatment of a febrile attack, or of an acute inflammation of any organ, with a purgative. This is partly on the idea or theory of derivation, that by producing intestinal evacuations, the febrile state will be reduced; but more frequently it is for the purpose of obviating the constipation which usually exists in such a case, and removing supposed offending secretions, or, as the phrase is, "clearing out the *primæ viæ*." Now, Gentlemen, a moment's thought will convince one that in the majority of such cases, constipation is a mere symptom, and a very unimportant one. The bowels, on enquiry, have, in most cases, been found to be acting with their usual regularity up till the time of the shiver, or exposure to the morbid cause. The constipation is then no more an essential part of the febrile state, than is the headache, the thirst, or the dry hot skin; and it is palpably unscientific thus to treat a mere symptom. Of course it is different when we find that there is a previous history of constipation, when the bowels are evidently much loaded, and when possibly the febrile condition may be directly caused by this state of the intestines. Then it is common sense to relieve the bowels, and so remove an evident, or possible cause of the illness, but this condition is, I maintain, the exception and not the rule.

Again, in a febrile state, or in the first stage of an acute inflammation, the skin is dry and hot, but this also is a mere symptom. Yet nothing is commoner than to find, besides the purgative, a diaphoretic, as Dover's powder, or James' powder, or the *Liq. ammon. acet.*, prescribed to produce perspiration. What is this then but the treatment of one symptom? an unscientific method, and one only to be adopted for want of better. The homœopathic mode of symptom treatment in such a case, is to give *Aconite*, a drug which produces *all* the phenomena of fever, from the shiver onwards, and which, in the act of reducing the fever, causes perspiration. This effect is not, as even Dr. Ringer admits, the cause of the cessation of the fever, as the latter may occur without the perspiration, but is only a very uniform result of it. I might multiply examples of this unscientific mode of symptom-treatment, but I shall content myself with quoting to you the treatment of dyspepsia, as given



in the latest book on systematic medicine, by a well-known London physician, Dr. Bristowe, of St. Thomas'. (*The Theory and Practice of Medicine*, by John Syer Bristowe, M.D., &c., 1876. Art., Dyspepsia, pp. 742—745).

After some excellent advice as to food, its nature, quantity, quality, and time of administration, &c., with some other important practical points, in all of which we are as particular as he is, Dr. Bristowe thus speaks of the drug-treatment:—"Loss of appetite is often very difficult of treatment; it may, however, in some cases be overcome by the use of vegetable tonics, especially of gentian, quassia, or calumba, or the liquid extract of cinchona, in combination it may be with small quantities of rhubarb, aromatics, and an alkaline carbonate; or by the employment of quinine or strychnine, or iron, or (if there be constipation) of aperients, especially rhubarb and aloes, in combination with aromatic bitters." This wonderful advice is then followed by further excellent remarks about the time of administration of food. He next takes up the treatment of "gastric uneasiness or pain," and after noticing a form of pain which is evidently due to want of food, and too long interval between meals, he goes on: "When the pain occurs immediately after the ingestion of food, it implies the presence of some morbid irritability, inflammation, or organic alteration in the walls of the stomach, and may be treated partly by regulation and selection of diet, and partly by the use of drugs, such as the nitrate of silver, hydrocyanic acid, or bismuth, given before food. If the pain be dependent on flatulent distention, peppermint, ginger, and other carminatives are generally useful. Mineral acids, and the earthy or alkaline carbonates, are often valuable in relieving pain, as they are in relieving other dyspeptic symptoms. It is not always easy to determine *a priori* which remedies are best suited for any particular case. It may, however, be assumed as a general rule that, when the secretions of the stomach are alkaline or neutral, as they are apt to be in inflammatory conditions, acids are indicated; but when they are acid, alkalies, if not specially indicated, are at all events more suitable. Opium is of great value in the relief of gastric pain, and may frequently be advantageously combined with other remedial agents, especially with Bismuth. When the gastralgia is very severe, especially if it is of a spasmodic character, and associated with faintness and collapse, Opium may be regarded as our sheet anchor. It should be given in large and, if necessary, repeated doses. Blisters and other counter-irritants, or fomentations to the epigastric region, are often useful.

For *flatulence* and *eructation*, carminatives, and more especially the essential oils, some of the oleo- or gum resins, ammonia, or brandy in small quantities, are generally beneficial, but they are beneficial rather by assuaging present uneasiness, and dispersing wind by eructation, than by any direct curative influence. *Nausea* and *vomiting* may often be benefited by various agents; by ice in small quantities; by the alkaline carbonates, which may often be advantageously given in an effervescing form, in combination with lemon juice, or citric or tartaric acids; by oxalate of cerium, carbonate of magnesia, lime water, bismuth, nitrate or oxide of silver, hydrocyanic acid, or creosote. When the flatulence, eructation, and vomiting are dependent on, or associated with, fermentation or putrefaction of the contents of the stomach, special treatment may be called for; fermentation may be checked by the use of creosote, sulphite of soda, or sulphurous acid; putrefaction by the exhibition of the mineral acids, and more especially hydrochloric acid, with which pepsine may be combined, or by what is strongly recommended by many, charcoal. In pyrosis, or water brash, the above forms of treatment may be serviceable, but generally bismuth alone, or combined with opium, or the vegetable astringents combined with a narcotic—the compound kino powder, to wit—appear to have especial value. In cases in which the stomach is excessively dilated it has been proposed to empty the organ from time to time by means of the stomach-pump, and then to wash it out”—as the cook, Gentlemen, does a dirty pot.

I have quoted this verbatim from the latest writer on Systematic Medicine, that you may see that I am not overstating the condition of the old school practice of the day. Is this scientific medicine? Does not the jumble of drugs proposed for different symptoms leave the student rather more in the dark than before as to how to treat a given case? and what if all or most of these symptoms are present in one patient, which is not uncommonly the case? If a combination of drugs is advised for one symptom, what will you do when they are all present. Well may Dr. Bristowe say at the outset of this section, p. 743, “The treatment of dyspepsia is a subject of considerable importance, and of no little difficulty, and demands a good deal of firmness, a good deal of *savoir faire*, a good deal of sound judgment and readiness of resource on the part of the physician, and, at the same time, often no little trust and resolution on the part of the patient”; and again, “It is not always easy to determine *à priori* which remedies are best suited

for any particular case." The contrast between scientific and unscientific symptom-treating could not be more apparent.

So far then, Gentlemen, from being ashamed to own that we look to the symptoms of a case as our guide to treatment, we maintain that it is not only the most scientific mode of therapeutics, but the only really satisfactory method in a practical point of view, and the only method, moreover, which will place medicine on a sure and permanent basis; while recognition of the similarity between disease and drug-pathogenesis, and the corresponding therapeutical relation between the two, is the only way of carrying out this method to the fullest extent that is necessary for success.

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